IDUTED OF AMEDICA						OECC EILE NO			
UNITED STATES OF AMERICA COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION						OFGS FILE NO. P/1805-18			
As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD FOR CRYSTALLIZATION OF PROTEINS USING POLYSACCHARIDES									
METUOD LOW CKISIATITIVATION OF EKOTETHS OSTING LODISACCUAKIDES									
the specification of which is attached hereto, unless the following how is checked:									
the specification of which is attached hereto, unless the following box is checked: Was filed on January 11, 2005 as United States patent Application Number or PCT International patent									
application number PCT/FI2005/000011 and was amended on (if any).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.									
I acknowledge the duty to disclose	all information known t	to be material to pate	ntability i	n accordan	ce with Title	37, Code	of Federal Regulations,		
§1.56. I hereby claim priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate or United States provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:									
Prior Foreign or Provisional Application(s)									
COUNTRY	APPLICATION NUMBER DATE OF (day, mon			F FILING nth, year)					
Finland	20040116		28,	Janua	ary, 2	004	YES X NO		
							YES NO		
		-					YES NO		
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.									
UNITED STATES APPLICATION NUMBER	DATE OF FILING (day, month, year)				STATUS (patented, pending, abandoned)				
I hereby appoint customer no. 2352 OSTROLENK, FABER, GERB & SOFFEN, LLP, and the members of the firm, Samuel H. Weiner - Reg. No. 18,510; Robert C. Faber - Reg. No. 24,322; Max Moskowitz - Reg. No. 30,576; James A. Finder - Reg. No. 30,173; William O. Gray, III - Reg. No. 30,944; Louis C. Dujmich - Reg. No. 30,625, and Douglas A. Miro - Reg. No. 31,643, as attorneys with full power of substitution and revocation to prosecute this application, to transact all business in the Patent & Trademark Office connected therewith and to receive all correspondence.									
SEND CORRESPONDENCE TO: OSTROLENK, FABER, GERB & SOFFEN, LLP 1180 AVENUE OF THE AMERICAS NEW YORK, NEW YORK 10036-8403 CUSTOMER NO. 2352 DIRECT TELEPHONE CALLS TO: (212) 382-0700									
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
FULL NAME OF SOLE OR FIRST INVENTOR INVENTOR'S SIGNATURE Kalevi Visuri				1	DATE				
RESIDENCE (City and either State or Foreign Country) Kirkkonummi, Finland						JNTRY OF CITIZENSHIP Inland			
POST OFFICE ADDRESS Wiikintie 10 C 34, FI-02400 Kirkkonummi, Finland									
FULL NAME OF SECOND JOINT INVENTOR (IF ANY) Sinikka Uotila INVENTOR'S SIGNATURE					DATE				
RESIDENCE (City and either State or Foreign Country) Espoo, Finland					COUNTRY OF CITIZENSHIP Finland				
POST OFFICE ADDRESS									
Haarakuja 10 F, FI-02320 Espoo, Finland									

CONTINUED ON PAGE 2

UNI COMBINED DECLARATION AN	OFGS FILE NO. P/1805-18						
COUNTRY	APPLICATION NUMBER	DATE OF FILI		PRIORITY CLAIMED UNDER 35 U.S.C. 119			
				YES NO			
				YES NO			
				YES NO			
			-	YES NO			
			· · · · · · · · · · · · · · · · · · ·	YES NO			
				YES NO			
				YES NO			
				YES NO			
				YES NO			
	-			YES NO			
				YES NO			
				YES NO			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. FULL NAME OF THIRD JOINT INVENTOR, IF ANY INVENTOR'S SIGNATURE DATE							
Katja Palmunen	<u></u>		······································				
RESIDENCE (City and either State or For Kirkkonummi, Finl		COUNTRY OF CITIZENSHIP Finland					
POST OFFICE ADDRESS Granbackantie 16, FI-02400 Kirkkonummi, Finland							
FULL NAME OF FOURTH JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE		DATE			
RESIDENCE (City and either State or Foreign Country)			COUNTRY OF CITIZENSHIP				
POST OFFICE ADDRESS							
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE		DATE			
RESIDENCE (City and either State or Fe		COUNTRY OF CITIZENSHIP					
POST OFFICE ADDRESS							
FULL NAME OF SIXTH JOINT INVENTOR	INVENTOR'S SIGNATURE		DATE				
RESIDENCE (City and either State or Foreign Country)			COUNTRY OF CITIZENSHIP				
POST OFFICE ADDRESS							